



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E268988**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-02223
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #	
DATE OF COLLISION	09	-	06	-	2013			1236	31			S	W	OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9	BLOCK NO.	MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
	LUNDEEN PARK WAY

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 6362337163
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LAST NAME	JAHN	FIRST NAME	THOMAS	MIDDLE INITIAL	W
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STREET NEW ADDRESS	2325 84TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586459
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	JAHN*TW049LH	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	06	-	08	-	1996
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	2	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AED7870	STATE	WA	VIN#	1N4AL11D84C174511
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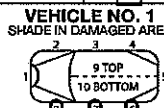
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	NISS	MODEL	ALT4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PATRICK JAHN 2325 84TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN COMMERCE ACPA-000816783
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4254082731
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LAST NAME	BARROW	FIRST NAME	ANGELA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	8422 82ND ST NE
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CITY	MARYSVILLE	ST	WA	ZIP	982707420
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BARROAM228P5	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	10	-	25	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHC1907	STATE	WA	VIN#	4S3BG6850W7646226
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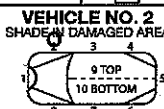
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	SUBA	MODEL	LEGSW	STYLE	GA	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JONATHAN BARROW 8422 82ND ST NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 66761881-9
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E268988**

CASE # **13-02223**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

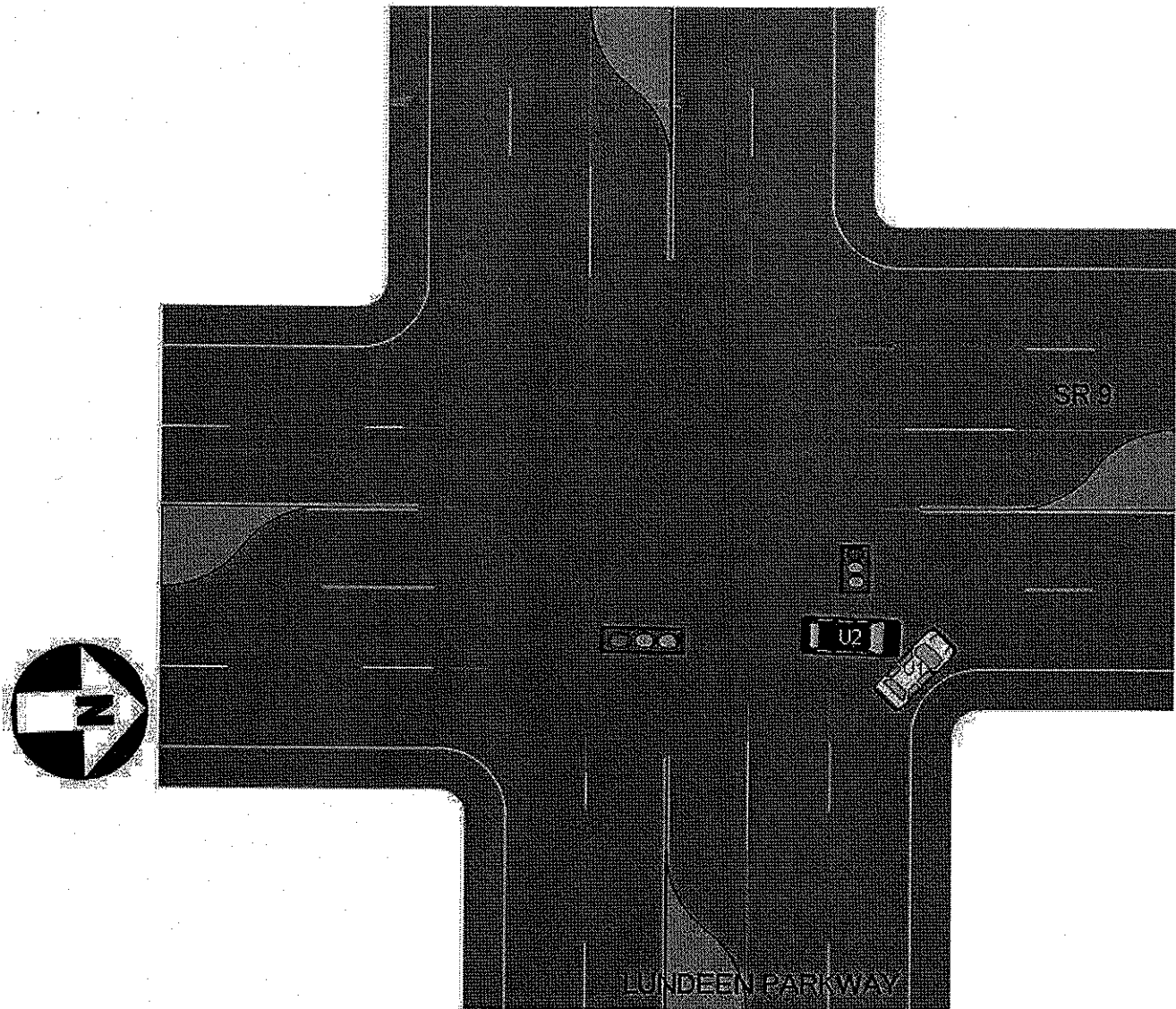
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER	WITNESS	UNIT #	SEAT POS	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER	WITNESS	UNIT #	SEAT POS	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER	WITNESS	UNIT #	SEAT POS	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

Unit 1 made a right turn onto SR 9 Northbound from Westbound on Lundeen Parkway with the traffic light was red. Unit 2 was Northbound on SR 9 going Northbound through the intersection at Lundeen park way on a green Light. Unit 1 failed to yield the right of way to Unit 2. Unit 2 struck Unit 1 in the drivers side door. No injuries were reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS		09-06-13 04:18 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	
APPROVED BY		DATE	
RON BROOKS 013		9/11/2013 6:19:25 AM	
BADGE OR ID #	013	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
12:37 PM		12:44 PM	



Incident History for: #SS13019944

Case Numbers: \$SS13002223

Entered 09/06/13 12:36:59 BY SPCT01 SP0182

Dispatched 09/06/13 12:37:08 BY SPDP17 SP0100

Enroute 09/06/13 12:37:20

Onscene 09/06/13 12:44:18

Closed 09/06/13 13:06:19

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: NORT

Src: T

Loc: LUNDEEN PARK WY/SR 9 NE , LKS (V)

Loc Info: NO OF LOC

Name: BARROW, ANGELA

Addr:

Phone: 4254082731

/1236 (SP0182) ENTRY , CC, NON INJ, WHI NISSAN ALTIMA VS BLU SUBARU OU
TBK, NON BLKING

/1237 (SP0100) DISP SS1910 #SS13 BROOKS, SGT (RON)

/1237 ENROUT SS1910

/1244 ONSCNE SS1910

/1252 ASNCAS SS1910 \$SS13002223

/1306 (SP0200) CLEAR SS1910 D/H

/1306 CLOSE SS1910